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Collaboration vital in workplace rehabilitation

A recent presentation by a United States ‘stay at work’ specialist has highlighted the importance of a collaborative approach to addressing the issue of time off work following injury.

Speaking at the Royal New Zealand College of General Practitioners’ Conference in September, Dr Jennifer Christian said that a lack of productive dialogue between GPs, employers and injured clients is at the heart of unnecessary time off work, which leads to poorer clinical, social and financial outcomes for injured workers.

“Employers say doctors aren’t interested; doctors say employers aren’t interested. Injured workers assume that their employers won’t accommodate them at work; employers assume they can’t adjust their workplaces.

“What we have here is misunderstanding, and uninformed decisions destructive to the injured workers – to their self-esteem and clinical wellbeing – and to their families. And the longer the absence from work, the worse it is.”

Dr Christian said there were three key factors at the heart of the issue: GPs’ approaches to work certification; employers’ reluctance to get involved in

workplace rehabilitation; and the need to drive the process of identifying and resolving barriers to returning to work.

“Doctors don’t realise how much they teach patients in the way they manage them. Work certification is a patient education tool. If they look for what the patient can do at work, not what they can’t do, they set the patient’s expectations and make the return to work process easier.

“In turn, that should reduce some of the pressure on GPs from patients looking for time off. Many think they want it, but patients are shooting themselves in the foot by staying off work.

“So certification practice is vitally important because the clinical judgement of the GP sets the expectations of all parties to the return to work process,” she said.

“Employers also need to engage with the process because they can adjust the workplace to accommodate injured patients. They need to work with GPs and

Collaboration vital in workplace rehabilitation *continued ...*

employees to establish whether a safe return to work is possible, and make the necessary adjustments.”

Ultimately, early return to work is a process. It needs someone to drive it, to broker the arrangements needed. This could be through identifying barriers to return, getting all key parties together to address the needs of the situation, or arranging the workplace support required by the injured worker and their employer.

ACC provides this support through two services:

- The nationwide Stay at Work service, which works with clients, their GPs and employers to help people rehabilitate in the workplace. It acts as an active

central coordination point charged with making all arrangements to make workplace rehabilitation a reality.

- The primary health organisation-based Better@Work service, which does the same for clients in the Lake Taupo region, but focuses on less complex injuries. It will gradually be extended to other regions in the next year.

These services will, over time, generate the dialogue Dr Christian says is a prerequisite to making workplace rehabilitation a reality, and provide the support clients need to realise the benefits of staying at work or returning as early as is safe and practical.

Travel distance reimbursements

ACC’s regular review of vendor contracts has revealed increasing expenditure on travel.

Until now, some vendors have been able to claim for the first 20 kilometres once they reach a 20-kilometre threshold. However, we’ve now clarified this so that only travel mileage over 20 kilometres can be claimed, as the first 20 kilometres are included in the base pricing. If travel is for more than one client, we make payment on a pro-rata basis.

In the next few months we’ll be taking a closer look at the travel costs for each

service type – noting that we expect all vendors to minimise distances travelled by allocating referrals, where possible, to clinicians/workers who are as close to their clients as possible.

As contracts come up for their normal annual variation review we will be introducing unique travel codes relating to that specific contract. This will enable us to more accurately monitor travel expenditure against each contract.

If you have any questions about this, please contact your local Relationship and Performance Manager.

ACC NEWS feedback:

We would appreciate your feedback about ACC News.

Please email us at feedback@acc.co.nz.

Dental update

Orthodontic treatment

We're receiving an increasing number of cover requests for orthodontic treatment when patients have suffered only minor injuries to the mouth. In many of these cases, there is no clear need for a contribution from ACC.

Patients who may need ACC help with orthodontic treatment should only be referred to orthodontists if there is a clear injury cause and effect. Similarly, orthodontists should only request prior ACC approval for treatment if there is a clear injury cause that justifies a contribution from ACC.

In all such cases, ACC would like orthodontists not to submit a request for orthodontic treatment, and inform patients or guardians of patients that there is not a strong enough case for ACC to consider this an injury-related treatment.

Renewing Annual Practising Certificates

A reminder to all dentists of the importance of maintaining current Annual Practising Certificates (APCs).

As at 1 April 2009, 50% of dentists had not renewed their APCs, despite two reminders from the Dental Council of New Zealand before the closing date.

Dentists who don't have current APCs can be liable for repaying all ACC payments they've received for treatment provided while their Certificates have been out of date.

Note you'll need to allow enough time for the Dental Council to process your renewal application.

Dental implant prior approvals

If you're considering seeking ACC approval for a dental implant, please make sure that:

- the implant is necessary for your patient's oral health
- your patient understands the costs of the treatment and are informed of any other treatment options available with costings
- you complete in full the ACC899 Assessment and Treatment Planning Form, and include photographs, X-rays, a dental history record or supporting clinical notes, and informed patient consent (which also confirms their ability to pay the co-payment for the superstructure)
- you complete and send an ACC737 and study models.

Apicectomy – prior approval now required

The core treatment item 'apicectomy' is no longer part of the elective surgery contract. This reflects demand from some patients (perhaps because no co-payment is required) when the treatment is not necessarily in their best interests for the long term.

The change means that you'll need prior ACC approval for any non-core surgery, and access to this treatment under general anaesthetic will be limited. We'll also be monitoring the use of the treatment item for its appropriateness.

DE3 Extended initial exam

Please remember that the treatment item 'DE3 Extended initial exam' (for complex cases relating to dental implants, orthodontics and advanced restorative work, including study models and photographs) is

to be used once for the complete treatment. If you wish to make a subsequent claim you must complete a new DE3 with a completely new treatment plan, usually involving different teeth.

Dental photo payments

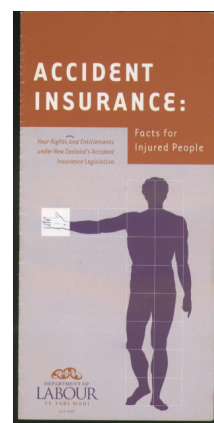
Dental photos DX4 (film) are paid at \$31.90 for one or many.

Dental crowns

If you undertake a dental crown for a patient, make sure you invoice ACC only when the treatment is complete; that is, when the crown has been cemented onto the root. If necessary, you may need to request a co-payment from your patient once we've given prior approval for the treatment.

Time for a spring clean of old brochures

This is an out-of-date brochure about ACC that's still on display in some practices. As the information it contains is now obsolete, please remove any copies you may still have at your practice.



Attitude Awards Finalists Announced

Finalists for this year's Attitude Awards have been announced. There were over 100 nominations, all of which were incredibly inspiring and of a very high standard. Finalists in the Attitude ACC Employer category are: Blenheim Foods, New World Victoria Park, and Melrose Kiwi Concept Chairs. For a full run down on finalists in all categories, see: www.disabilitytv.com/awards.

ACC sponsors the Attitude Awards as they celebrate the achievements of inspiring people. They also highlight the importance of rehabilitation based on getting back to normal life as far as possible. One of ACC's

priorities is helping employers and health providers support those with injury-related disabilities to return to work as soon as possible. That way we help people achieve better, more timely, rehabilitation, and we minimise disruption, cost and loss of productivity for their employer.

Finalists will attend a black tie event on 3 December, World Disability Day, where winners of each category will be announced. The evening will be hosted by Simon Dallow and will be filmed by TVNZ for a TV One special.

Rehabilitation Research Review

ACC is pleased to announce that we'll be continuing to fund free copies of the online *Rehabilitation Research Review* for members of New Zealand's health community.

The bimonthly e-journal summarises key global research developments in rehabilitation – and as a recent review has shown, it's clearly popular among

rehabilitation professionals, with the number of subscribers continuing to grow.

If you're interested in subscribing to the *Rehabilitation Research Review*, or would like to look at the issues published to date, you can register free at www.researchreview.co.nz.

Pain services review update

Consultation on ACC's pain services review is well underway, and all contracted vendors have been individually invited to provide feedback.

If you haven't received a feedback form and would like to contribute your ideas or suggestions, please contact Lauralei

Dorian at lauralei.dorian@acc.co.nz. The deadline for submissions is Thursday 15 October 2009.

Note that we won't be accepting any applications for pain contracts while the review is underway.

Whangarei branch move

ACC's Whangarei branch is moving to a new building on 19 October 2009.

The new address is 13–15 Walton Street, Whangarei. PO Box and phone numbers will stay the same.

Upcoming conferences and events

8–10 October – **New Zealand Association of Occupational Therapists Clinical Workshops 2009**, Tauranga. www.nzaotevents.com

15–18 October – **Practice Managers and Administrators Conference**, Rydges Hotel, Christchurch. www.pmaanz.org.nz/General/conference.html

16–18 October – **New Zealand Association of Hand Therapists Annual Conference**, Tauranga. www.nzaht.org.nz

13–15 November – **St John Traumed 2009**, Whangarei. www.traumed.org.nz/Index.html

The ACC32 Prior Approval process – getting it right together

A number of physiotherapists have recently commented to ACC about the rejection of their applications for Prior Approval through the ACC32 process.

We understand, and share, their frustration and would like to clarify our expectations and the process to be followed in submitting an ACC32. We'd also like to acknowledge that we have not always enforced these processes in the past, and our tightening up has caught many physiotherapists and other treatment providers unawares.

However, today's demanding environment requires us, more than ever, to drive efficiency in all parts of our business, and that includes managing all of our processes as effectively as possible.

We have also shifted our clinical advisory resource to screening of this information on receipt to improve the turn around timeframes of information and decisions.

We share the same goal of meeting our clients' needs by delivering quality rehabilitation and treatment services – and the ACC32 process is one of the keys to achieving that outcome.

Our expectations

ACC requires that all treatment provided to ACC clients is necessary, appropriate and clinically justified, as required by the ACC legislation.

When additional treatment is required beyond the treatment profile trigger number, or when a client presents for treatment and you believe the treatment required is for an existing injury that has not been treated by a specified treatment provider in the past 12 months, you must provide an ACC32 for Prior Approval.

When you complete your ACC32, please:

- complete **all** sections of the ACC32 – incomplete forms will be returned for completion
- record the initial diagnosis in full (not just the READ code), explain how the initial injury occurred and why the condition has not resolved within the expected timeframe, and provide sufficient detail for ACC to understand the causal link between the covered injury and the ongoing presenting problems
- ensure the information provided is sufficient to create a clear clinical picture of the client and establish that the ongoing need for treatment results from the injury caused by an accident that has been accepted by ACC
- be explicit in describing the client's current status, management and prognosis so that ACC can make an informed decision regarding ongoing rehabilitation and treatment and the expected outcome
- attach copies of any relevant treatment notes, medical reports or x-rays you hold to support the request where appropriate
- indicate if you believe that the client will benefit from a specialist or rehabilitation assessment or review.

Please also refer to information provided in the Treatment Provider Handbook pages 71–73. If you have any concerns regarding a client, recovery or treatment you can contact the Provider Help Line on 0800 222 070 to discuss, or ask for one of our clinical advisors.